

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-041043

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317
FILED OCT 26 1962

Primary Registration District No. 500

Registrar's No. 2975

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy			Length of stay in 1b 38 days		c. CITY OR TOWN Bridgeton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 11486 Essex	
3. NAME OF DECEASED (Type or print) First Roderick Middle BoH. Last Herrell				4. DATE OF DEATH Month October Day 9 Year 1962			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> NEWBORN	8. DATE OF BIRTH 10-6-1962	9. AGE (last birthday) NB	IF UNDER 1 YEAR Months 3 Days 3 Hours 3 Min.		IF UNDER 24 HR Hours 3 Min.
10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) NONE.			10b. KIND OF BUSINESS OR INDUSTRY NONE.		11. BIRTHPLACE (City and state or country) Normandy, Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Max Eugene Herrell			13b. MOTHER'S MAIDEN NAME Jeanette Holmbo			14. NAME OF HUSBAND OR WIFE None.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None.		17. INFORMANT Medical Record		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her alive on _____		Death occurred at _____ 4:50 A. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Mary Ann Richardson DO				22b. ADDRESS 9553 Lackland Rd/ly		22c. DATE SIGNED 10/9/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10/11/62		23c. NAME OF CEMETERY OR CREMATORY FEE FEE CEM.		23d. LOCATION (City, town, or county) (State) BRIDGETON MO.	
24. FUNERAL DIRECTOR COLLIER MORTUARY		ADDRESS ST. ANTON		25. DATE RECD. BY LOCAL REG. 10-10-62		26. REGISTRAR'S SIGNATURE John B. Murphy, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

No Embalming

Signed _____

Sheldon Collier

Licensed Embalmer No. _____

3382

P. O. Address _____

St. Ann Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.